



Richmond County Building Inspection Department

221 South Hancock St
Rockingham, NC 28379

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Telephone: (910) 997-8204

Fax: (910) 997-8206

Plumbing Permit Application

Owner/Project Name: _____

Owner/Project Address: _____

Phone Number: _____

Type of work to be done: _____

Residential Commercial Project Cost: _____

Under Slab Inspection Gas Piping Gas Appliance (gas piping included)

Waterline Municipal Sewer Private Sewer

Number of Fixtures (trapped fixture, floor drain, roof drain, Water Heaters, etc.) _____

Plumbing Contractor: _____

Address: _____

Phone #: _____ Email: _____

State License #: _____

I hereby certify that the above statements are true, and all work is being performed under the State License number above.

Contractor's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Permits expire after 6 months of issuance if work has not commenced or if work has discontinued for a period of 12 months from last inspection.